

Department of Employee Relations  
City Hall, Room 706  
200 East Wells Street  
Milwaukee WI 53202-3554  
414-286-3751  
TTD 414-286-2960  
[www.milwaukee.gov/der](http://www.milwaukee.gov/der)

1. Answer all questions. Credit may not be given for incomplete information.
2. Date and sign the application on page 2.
3. Keep a copy of completed application materials for your files.
4. **You may also submit a resume but a resume CANNOT substitute for any questions on this application.**

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Last Name</td> <td style="width: 33%;">First</td> <td style="width: 33%;">Middle I.</td> </tr> <tr> <td colspan="2">Address</td> <td>Apt. No.</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td colspan="3">Day Phone: (    )    -   </td> </tr> <tr> <td colspan="3">Evening Phone: (    )    -   </td> </tr> <tr> <td colspan="3">Email Address:</td> </tr> <tr> <td colspan="3">Social Security Number:    -    -   </td> </tr> </table>	Last Name	First	Middle I.	Address		Apt. No.	City	State	Zip Code	Day Phone: (    )    -			Evening Phone: (    )    -			Email Address:			Social Security Number:    -    -			<p>Do you currently live in the City of Milwaukee?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, when did you become a resident?  (MM/YEAR)    /   </p> <p><b>NOTE:</b> City employees must live in the City.  Residency proof will be required at the time of hire or within six months.</p> <p>List any other names by which you have been known on official records:</p>
Last Name	First	Middle I.																				
Address		Apt. No.																				
City	State	Zip Code																				
Day Phone: (    )    -																						
Evening Phone: (    )    -																						
Email Address:																						
Social Security Number:    -    -																						
<p>Are you 18 years of age or older? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>																						
<p>If under 18, how old are you?    /     Years    /    Months</p>																						
<p>Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:</p>																						
<p>List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:</p>																						
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<p><b>MILITARY SERVICE                      * Read carefully if you may be eligible for veteran's preference points. *</b></p> <p>Extra points are added to passing scores of qualified war veterans or spouses of certain disabled or deceased veterans on open competitive exams. If you were in the U.S. Armed Services during the following war periods, check the appropriate boxes and enter service dates. You MUST include with this application, a PHOTOCOPY of your discharge document(s) (e.g. DD214) showing (1) date of entry, (2) date of discharge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS. For further information please see the back page of the application.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Military Status</b></p> <p><input type="checkbox"/> Enlisted, drafted or commissioned—Active Duty</p> <p><input type="checkbox"/> Enlisted or commissioned reserve or National Guard service</p> <p>    --active duty for training only</p> <p>Date Entered Active Duty:</p>   <p>Date Terminated Active Duty:</p>   <p>If you or your spouse has any disability traceable to war service recognized and compensated as such by the United States Government or you are the unremarried spouse of a deceased veteran and you wish to receive credit, then you must submit documentary proof of the compensable disability with this application.</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Period of Service</b></p> <p><input type="checkbox"/> August 27<sup>th</sup>, 1940 – July 25<sup>th</sup>, 1947</p> <p><input type="checkbox"/> June 27<sup>th</sup>, 1950 – January 31<sup>st</sup>, 1955</p> <p><input type="checkbox"/> August 5<sup>th</sup>, 1964 – January 1<sup>st</sup>, 1977</p> <p><input type="checkbox"/> Persian Gulf War / Desert Shield / Desert Storm (August 1<sup>st</sup> to date to be determined)</p> <p><input type="checkbox"/> Afghanistan War (Sept. 11<sup>th</sup> 2001 to date to be determined)</p> <p><input type="checkbox"/> Called to active duty in 1961 by Executive Order No. 10957</p> <p><input type="checkbox"/> Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal</p> <p>Date:</p> <p>Location:</p> </td> </tr> </table>				<p><b>Military Status</b></p> <p><input type="checkbox"/> Enlisted, drafted or commissioned—Active Duty</p> <p><input type="checkbox"/> Enlisted or commissioned reserve or National Guard service</p> <p>    --active duty for training only</p> <p>Date Entered Active Duty:</p> <p>Date Terminated Active Duty:</p> <p>If you or your spouse has any disability traceable to war service recognized and compensated as such by the United States Government or you are the unremarried spouse of a deceased veteran and you wish to receive credit, then you must submit documentary proof of the compensable disability with this application.</p>	<p><b>Period of Service</b></p> <p><input type="checkbox"/> August 27<sup>th</sup>, 1940 – July 25<sup>th</sup>, 1947</p> <p><input type="checkbox"/> June 27<sup>th</sup>, 1950 – January 31<sup>st</sup>, 1955</p> <p><input type="checkbox"/> August 5<sup>th</sup>, 1964 – January 1<sup>st</sup>, 1977</p> <p><input type="checkbox"/> Persian Gulf War / Desert Shield / Desert Storm (August 1<sup>st</sup> to date to be determined)</p> <p><input type="checkbox"/> Afghanistan War (Sept. 11<sup>th</sup> 2001 to date to be determined)</p> <p><input type="checkbox"/> Called to active duty in 1961 by Executive Order No. 10957</p> <p><input type="checkbox"/> Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal</p> <p>Date:</p> <p>Location:</p>																	
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In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

**The City requires pre-employment drug testing.**

**THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER AND VALUES AND ENCOURAGES DIVERSITY.**

**EMPLOYMENT INFORMATION**

Are you legally authorized to work permanently for any employer within the United States? ☐ Yes ☐ No

There may be a possibility of employment with other organizations. If so, may we refer your name? ☐ Yes ☐ No

Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):

If you are PRESENTLY ☐ or were PREVIOUSLY ☐ employed by the City of Milwaukee, list the following:

POSITION TITLE	DEPARTMENT	PENSION NUMBER	FROM (MO./YR.)	TO (MO./YR.)

If you have ever been **convicted** of an offense, including felonies, misdemeanors and ordinance violations, or have charges pending, other than minor traffic violations, list details below. **IF YOU LIST CONVICTIONS, PROVIDE YOUR BIRTH DATE ON PAGE 13. YOUR BIRTH DATE WILL BE USED FOR CONVICTION VERIFICATION ONLY.** Use separate sheet if necessary:

CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE

**NOTE:** Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Convictions not reported may be cause for rejection or discharge.

**READ CAREFULLY BEFORE SIGNING**

I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**I. EDUCATION AND TRAINING**

A. Bachelor's Degree: Yes ☐ No ☐

Major:

Minor:

College or University:

Date Earned:

B. Master's Degree: Yes ☐ No ☐

Major:

Minor:

Thesis or Special Emphasis:

College or University:

Date Earned:

C. Please describe any other education, training or professional seminars you have successfully completed which may relate to this position. (Be sure to include name of institution and dates)

**II. PROFESSIONAL ACTIVITIES**

A. Do you currently hold any professional designation(s) related to this position?

Yes ☐

No ☐

If yes, give certification and dates and state(s) in which it was obtained:

C. Are you now or have you been a member of any professional organizations related to this position or other related fields? If yes, indicate:

NAME OF ORGANIZATION	DATES OF MEMBERSHIP	OFFICES HELD

**III. EXPERIENCE**

Describe your professional experience, beginning with your current (or most recent) employer. Treat each change of job title as a new entry. (If necessary, attach additional sheets using the same format.)

**A. Present/ Most Recent Employer**

1. Title:		Salary/Wage		Per
2. From (mo/yr)	To (mo/yr)	Total Number of Months	Hours per week:	
3. Employer				
4. Address				
5. Supervisor's Name and Title:				
6. Reason for leaving:				
<p>7. Describe your experience in this position in terms of your duties and responsibilities. Indicate the percentage of time spent in each area (percentages should equal 100%):</p> <p>% :</p> <p>% :</p> <p>% :</p> <p>% :</p> <p>% :</p> <p>% :</p>				
<p>8. Did you directly supervise staff in this position? Yes <input type="checkbox"/> No <input type="checkbox"/>. If yes, please list the titles of positions and the number of employees within each title.</p>				

**B. Previous Employer**

1. Title:		Salary/Wage		Per
2. From (mo/yr)	To (mo/yr)	Total Number of Months	Hours per week:	
3. Employer				
4. Address				
5. Supervisor's Name and Title:				
6. Reason for leaving:				

7. Describe your experience in this position in terms of your duties and responsibilities. Indicate the percentage of time spent in each area (percentages should equal 100%):

% :

% :

% :

% :

% :

% :

8. Did you directly supervise staff in this position? Yes ☐ No ☐. If yes, please list the titles of positions and the number of employees within each title.

### C. Previous Employer

1. Title:		Salary/Wage		Per
2. From (mo/yr)	To (mo/yr)	Total Number of Months	Hours per week:	
3. Employer				
4. Address				
5. Supervisor's Name and Title:				
6. Reason for leaving:				
<p>7. Describe your experience in this position in terms of your duties and responsibilities. Indicate the percentage of time spent in each area (percentages should equal 100%):</p> <p>% :</p> <p>% :</p> <p>% :</p> <p>% :</p> <p>% :</p> <p>% :</p>				
<p>8. Did you directly supervise staff in this position? Yes <input type="checkbox"/> No <input type="checkbox"/>. If yes, please list the titles of positions and the number of employees within each title.</p>				

**D. Previous Employer**

1. Title:		Salary/Wage		Per
2. From (mo/yr)	To (mo/yr)	Total Number of Months	Hours per week:	
3. Employer				
4. Address				
5. Supervisor's Name and Title:				
6. Reason for leaving:				
<p>7. Describe your experience in this position in terms of your duties and responsibilities. Indicate the percentage of time spent in each area (percentages should equal 100%):</p> <p>% :</p> <p>% :</p> <p>% :</p> <p>% :</p> <p>% :</p> <p>% :</p>				
<p>8. Did you directly supervise staff in this position? Yes <input type="checkbox"/> No <input type="checkbox"/>. If yes, please list the titles of positions and the number of employees within each title.</p>				

**If more space is needed please make additional copies of this page or attach additional sheets.**

**IV. SPECIFIC EXPERIENCE / ACCOMPLISHMENTS**

Please describe your specific experiences and accomplishments in each of the following areas, including extent and duration of involvement and level of responsibility. Also, indicate the employer / position where this experience was gained. Attach additional pages if more space is needed.

1. Governmental accounting

2. Budgeting

3. Auditing

4. Supervising and managing the work of others (e.g., hiring, assigning and directing work, staff training and development, appraising performance, applying disciplinary actions, etc.)



5. Conducting fiscal studies, efficiency and productivity studies, making financial projections, etc.

6. Making recommendations concerning budget reporting and management matters; proposing changes in budget processes to enhance operating efficiencies; recommending changes in internal and management controls, etc.

7. Evaluating and recommending systems design and data processing requirements to support financial policies and responsibilities.

8. Describe any other education or experience which you think qualifies you for this position – if you have not provided the information elsewhere on this form:

## ***TESTING ACCOMMODATIONS***

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

Yes ☐

No ☐

If yes, what kind of accommodations will you need?

☐

A signer

☐

A reader

☐

Extra time

☐

Other (Please describe)

Comments:

SIGNATURE: \_\_\_\_\_ DATE:

*Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.*

**MILITARY SERVICE SUPPLEMENT TO CITY OF MILWAUKEE APPLICATION**

APPLICANT'S NAME

DATE

**ATTENTION: SPOUSES OF DECEASED OR DISABLED WARTIME VETERANS**

Effective May 1, 1992, spouses of certain disabled wartime veterans and spouses of certain deceased veterans may be eligible to have extra points added to passing scores on open competitive examinations if they do not already have a regular appointment or reinstatement rights to a City position. If your spouse was in the U.S. Armed Services during the war periods listed at the bottom of this form, check the appropriate boxes and enter service dates. You must include with this application a photocopy of your spouse's discharge document(s) (e.g., DD214) showing (1) date of entry, (2) date of discharge, and (3) honorable service and/or a letter from the Veteran's Administration documenting that you are a qualifying spouse. **THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR SPOUSE'S DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS.** (Documentary proof of compensable disability must be submitted with this application in order to receive credit.)

**Basis for Eligibility:**

- ☐ I am the spouse of a disabled wartime veteran whose disability is at least 70% traceable to war service and recognized and compensated as such by the United States Government.
- ☐ I am the unremarried spouse of a veteran who died of a service-connected disability.
- ☐ I am the unremarried spouse of a veteran who was killed in action.

**Spouse's Military Status:**

- ☐ Enlisted, drafted or commissioned--active duty
- ☐ Enlisted or commissioned reserve or National Guard service--active duty for training only

Date Entered Active Duty:

Date Terminated Active Duty:

Has your spouse any disability traceable to war service recognized and compensated as such by the United States Government? ☐ YES ☐ NO

**Spouse's Period of Service**

- ☐ August 27, 1940 - July 25, 1947
- ☐ June 27, 1950 - January 31, 1955
- ☐ August 5, 1964 - January 1, 1977
- ☐ Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined)
- ☐ Afghanistan War (September 11, 2001 to date to be determined) ☐ Called to active duty in 1961 by Executive Order No. 10957
- ☐ Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal

Date:

Location:

**City of Milwaukee**  
Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

PLEASE PRINT OR TYPE

1. Name: LAST FIRST MIDDLE

2. Position Applied for: **Manager, Financial Planning (Budget Director)**

Recruiting information: How did you **FIRST** hear about this job opening? (Please check only one)

- A. ☐ Milwaukee Journal Sentinel
- B. ☐ Other Newspaper (please specify):
- C. ☐ City Hall Posting
- D. ☐ Library Posting
- E. ☐ Community Agency Posting (please specify):
- F. ☐ College or University Posting (please specify):
- G. ☐ From a City Employee
- H. ☐ From Someone who is NOT a City Employee
- I. ☐ Job Hotline Number (414-286-5555)
- J. ☐ Received Job Interest Postcard in mail
- K. ☐ Job Fair/Career Talk (please specify):
- L. ☐ TV (please specify station):
- M. ☐ Radio (please specify station):
- N. ☐ **www.milwaukee.gov/der**
- O. ☐ Other internet site (please specify):
- P. ☐ OTHER (please specify):

2. Sex (please check one): MALE ☐ FEMALE ☐

3. Race (please check one):

- ☐ Black/African American (not of Hispanic origin)
- ☐ Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
- ☐ White/Caucasian/European/North African/Middle Eastern
- ☐ Native American Indian/Alaskan Native
- ☐ Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)

4. List any languages, other than English, which you speak **FLUENTLY**:

5. Birth date . Your birth date will be used for conviction verification only.

6. Certain Federal grant positions may require public housing development residency. Please complete the following if you are currently living in a City of Milwaukee public housing development.  
I live in the Housing Development.

The above-completed information is true to the best of my knowledge.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_